

2301

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>464</u>	
County <u>Pima</u>		State <u>Arizona</u>		Registered No. <u>257</u>	
District or Township <u>Tucson</u>		or Village		or	
City <u>Tucson</u>		No. <u>St. Marys Hospital</u>		St. <u>Ward</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>John J. Brown</u>					
(a) Residence, No. <u>Duncan Ariz</u>		St. <u></u>		Ward <u></u>	
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u></u> yrs. <u></u> mos. <u></u> ds. How long in U. S. if of foreign birth? <u></u> yrs. <u></u> mos. <u></u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lucindia Brown</u>					
6. DATE OF BIRTH (month, day and year) <u>unknown</u>					
7. AGE <u>about 69</u>	Years <u></u>	Months <u></u>	Days <u></u>	IF LESS than 1 day <u></u> hrs. or <u></u> min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Merchant</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u>					
10. NAME OF FATHER <u>unknown</u>					
11. BIRTHPLACE OF FATHER (State or country) (city or town)					
12. MAIDEN NAME OF MOTHER <u>unknown</u>					
13. BIRTHPLACE OF MOTHER (State or country) (city or town)					
14. Informant <u>Clarence C. Weston</u> (Address) <u>Duncan, Arizona</u>					
15. MAR 20 1928, <u>M. A. Kirkman</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Mar. 19</u> 19 <u>28</u> Month Day Year					
17. I HEREBY CERTIFY. That I attended deceased from <u>10/2</u> 19 <u>27</u> to <u>3/19</u> 19 <u>28</u> , that I last saw h. <u>alive</u> on <u>3/19</u> 19 <u>28</u> , and that death occurred, on the date stated above, at <u>7.30 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Lung Abscess</u>					
(duration) <u>18</u> yrs. <u></u> mos. <u></u> ds.					
CONTRIBUTORY (Secondary) (duration) <u></u> yrs. <u></u> mos. <u></u> ds.					
18. Where was disease contracted If not at place of death? <u></u>					
Did an operation precede death? <u>Yes</u> Date of <u>3/19/28</u>					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? <u>Culture</u> (Signed) <u>J. J. Scott</u> M. D. (Address) <u>218 South</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Tucson, Arizona</u>				DATE OF BURIAL <u>Mar. 21, 1928</u>	
20. UNDERTAKER <u>Reilly Undertaking Co.</u>				ADDRESS <u>Tucson, Arizona</u>	